

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000002050

1. Entity Name
SYMPHONY TITLE INSURANCE COMPANY, LLC



Principal Place of Business

8895 NORTH MILITARY TRAIL STE E-206
PALM BEACH GARDENS, FL 33410

Mailing Address

8895 NORTH MILITARY TRAIL STE E-206
PALM BEACH GARDENS, FL 33410



01312005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2102130

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL I. KITROSER, P.A.
8895 NORTH MILITARY TRAIL STE E-206
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME KITROSER, MITCHELL I
STREET ADDRESS 8895 NORTH MILITARY TRAIL STE E-206
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ST
NAME DEAN-HIPPLE, KATHLEEN
STREET ADDRESS 8895 NORTH MILITARY TRAIL STE E-206
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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02/02/05-80080-006 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/31/05 561-721-9675